

BOARD OF REGISTERED NURSING

P.O Box 944210, Sacramento, CA 94244-2100

P (916) 322-3350 | www.rn.ca.gov

Ruth Ann Terry, MPH, RN, Executive Officer



License Renewal - Delinquent
Delinquent RN License Renewal Fee - **\$122**

ALLOW 6-8 WEEKS FOR PROCESSING YOUR RENEWAL BY MAIL

Office Use Only

Amt Recd: _____

CE's OK: _____

Active / Inactive

Mail this completed form along with the appropriate fee to the address above

License No: _____ Date License Expired: _____ Total Amount Due: **\$** _____

Full Name: _____

Mailing Address: _____

City, State, Zip _____

Phone Number: _____ Email address: _____

ADVANCED PRACTICE DELINQUENT RENEWAL

TO RENEW YOUR ADVANCED PRACTICE CERTIFICATION(S) ALONG WITH YOUR REGISTERED NURSE LICENSE, CHECK ALL THAT APPLY BELOW:

☐ CLINICAL NURSE SPECIALIST - \$75

☐ NURSE ANESTHETIST - \$75

☐ NURSE MIDWIFE - \$75

☐ NURSE MIDWIFE FURNISHING - \$45

☐ NURSE PRACTITIONER FURNISHING - \$45

Total Amount Due: \$ _____

NOTE: PUBLIC HEALTH NURSE, PSYCHIATRIC MENTAL HEALTH, AND NURSE PRACTITIONER CERTIFICATES AUTOMATICALLY UPDATE UPON RENEWAL OF YOUR RN LICENSE.

LICENSE STATUS

PLEASE CHECK APPROPRIATE BOX:

☐ RENEW MY LICENSE TO **ACTIVE** STATUS BASED ON ONE OF THE FOLLOWING:

☐ I SUCCESSFULLY COMPLETED 30 HOURS OR MORE OF CONTINUING EDUCATION DURING MY LAST LICENSE PERIOD (NOTE: You are required to maintain continuing education certificates for 4 years and must be submitted to the Board upon request.)

☐ I AM EXEMPT FROM THE CE REQUIREMENT HAVING PASSED THE NCLEX EXAMINATION WITHIN THE LAST 2 YEARS

☐ RENEW MY LICENSE TO **INACTIVE** STATUS

SIGNATURE REQUIRED FOR ACTIVE STATUS

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS TRUE AND CORRECT.

SIGNATURE _____ **DATE** _____